

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		<input type="text"/>	<input type="text"/>
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE

RATE	FEE	RATE	FEE
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=	<input type="text"/>	X\$18=	<input type="text"/>
X42=	<input type="text"/>	X84=	<input type="text"/>
+140=	<input type="text"/>	+280=	<input type="text"/>
TOTAL	<input type="text"/>	TOTAL	<input type="text"/>

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>	X\$18=	<input type="text"/>
X42=	<input type="text"/>	X84=	<input type="text"/>
+140=	<input type="text"/>	+280=	<input type="text"/>
TOTAL ADDIT. FEE	<input type="text"/>	TOTAL ADDIT. FEE	<input type="text"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>	X\$18=	<input type="text"/>
X42=	<input type="text"/>	X84=	<input type="text"/>
+140=	<input type="text"/>	+280=	<input type="text"/>
TOTAL ADDIT. FEE	<input type="text"/>	TOTAL ADDIT. FEE	<input type="text"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>	X\$18=	<input type="text"/>
X42=	<input type="text"/>	X84=	<input type="text"/>
+140=	<input type="text"/>	+280=	<input type="text"/>
TOTAL ADDIT. FEE	<input type="text"/>	TOTAL ADDIT. FEE	<input type="text"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.